

## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: Shamrock Surfactants and Their Methods of Use , the specification of which [check one(s) applicable]

was filed 22 September 2003 as International Patent Application No. PCT/US2003/029742, on which U.S. Application No. 10/567,814 is based; was amended by Amendment filed \_\_\_ (if applicable); or is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. \$1.56(a)].

CLAIM UNDER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Provisional Appln No.

Filing Date Day/Mo/Year

60/495,214

13.08.2003

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.

DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of POWER TO INSPECT: I hereby give Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO:

CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO:

Telephone: (215) 563-4100 Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SOLE OR FIRST JOINT INVENTOR

## SECOND JOINT INVENTOR

City	State or Country	Zip Code	City	State o	r Country	Zip Code
Street Address		82070	Street Addres	S		
	ALMER DR		Post Office A	ddress:		
Citizenship _	LEA		Citizenship _			
Residence City State or Country		Residence Cit	у	State or	Country	
Date MAR		5	Date			
Signature	a Star		Signature			
Full Name Day		<u>Jaeger</u> Last	Full Name Fi.	rst	Middle	Last